



State Farm Fire and Casualty Company

2700 South Sunland Drive
Tempe, AZ 85282-3387

K-24- 1692-F766 L

SCIALLI, JOHN V & MARCIA G
2554 E VERMONT AVE
PHOENIX AZ 85016-3619



Forms and Endorsements

Personal Liability Umbrella
Uninsured/Underinsured Cover
Policy Endorsement
Fungus (Including Mold) Excl

FP-7950.1
FE-7654.1
FE-7786
FE-5717

RENEWAL CERTIFICATE

POLICY NUMBER 03-41-2644-3

Personal Liability Umbrella Policy
JUL 17 2006 to JUL 17 2007

DATE DUE

SEE BALANCE DUE NOTICE

JUL 17 2006

\$2,135.00

COVERAGES AND LIMITS

L Personal Liability	\$2,000,000
Self Insured Retention	None
U Uninsured Motor Vehicle	2,000,000
W Underinsured Motor Vehicle	2,000,000

UNDERLYING EXPOSURES

Our records show the following underlying information. This information was used in determining the rate of the policy.

AUTOMOBILE EXPOSURES

Automobile Liability	2 Autos
Automobile Operators	3
Youthful Operator	1

OTHER LIABILITY EXPOSURES

Personal Res Liability
Office Liability

Annual Premium	\$2,135.00
Coverage L	1,223.00
Coverage U/W	912.00
Amount Due	\$2,135.00

***Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect.**
Your Coverages and/or bill can be affected if this information is not correct.

Thanks for letting us serve you...

0206

201

Agent DAVID CLARKSON SR
Telephone (602) 222-8550

If you have moved, please contact your agent.

See reverse side for important information.

REB

Prepared JUN 02 2006

Policy Number
93-17-1366-2

DECLARATIONS PAGE

AMENDED MAY 23 2006



STATE FARM FIRE AND CASUALTY COMPANY
2700 SOUTH SUNLAND DRIVE, TEMPE AZ 85282-3387
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Named Insured and Mailing Address
24-1692-F766 T

SCIALLI, JOHN V K
4647 N 32ND ST STE 260
PHOENIX AZ 85018-3344

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 199.2

BUSINESS POLICY - SPECIAL FORM 3

AUTOMATIC RENEWAL - If the **POLICY PERIOD** is shown as **12 MONTHS**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Policy Period: 12 Months The policy period begins and ends at 12:01 am standard time at the premises location.
Effective Date: JAN 31 2006
Expiration Date: JAN 31 2007

Named Insured: Individual

Your policy is amended MAY 23 2006
ADDL INSURED NAME & ADDRESS CHANGED

Location of Covered Premises:
4647 N 32ND ST STE 260
PHOENIX AZ 85018-3344

Coverages & Property

Limits of Insurance

Occupancy: Office

Section I
A Buildings Excluded
B Business Personal Property \$ 32,900
C Loss of Income - 12 Months \$ Actual Loss

Section II
L Business Liability \$ 1,000,000
M Medical Payments \$ 5,000
Products-Completed Operations \$ 2,000,000
(PCO) Aggregate
General Aggregate (Other \$ 2,000,000
Than PCO)

Deductibles - Section I

\$ 500 Basic

In case of loss under this policy, the deductible will be applied to each occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.

Forms, Options, and Endorsements

Business Policy-Special Form 3 FP-6103
Physicians and Surgeons FE-6407
Personal Injury Exclusion FE-6346
Tree Debris Removal FE-6451
Business Policy Endorsement FE-6464
Glass Deductible Deletion FE-6538.1
Amendatory Endorsement FE-6203.2

Endorsement Premium None

Discounts Applied:
Renewal Year
Years in Business
Enclosed Building
Sprinkler
Claim Record

Continued on Reverse Side of Page

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
MAY 25 2006
FP-8030.2C
06/1993

AF2L

Your policy consists of this page, any endorsements
and the policy form. PLEASE KEEP THESE TOGETHER.

Countersigned

By David Clarkson
DAVID CLARKSON SR
(602) 222-8550

Agent

ADDITIONAL INSURED ENDORSEMENT
Owners, Lessees or Contractors (Form B)



Policy No.: 93-17-1366-2

Named Insured: SCIALLI, JOHN V K

Name of Person or Organization: THE STATE OF ARIZONA,
(SEE FE-7315.1 FOR COMPLETE NAME)
3221 N 16TH ST STE 400
PHOENIX AZ 85016-7155

WHO IS AN INSURED, under SECTION II DESIGNATION OF INSURED, is amended to include as an insured the person or organization shown above, but only with respect to liability arising out of **your work** for that insured by or for you.

STATE FARM FIRE AND CASUALTY COMPANY

BLANK ENDORSEMENT

This endorsement effective 05-23-2006, the effective hour being the same as that designated in the policy to which this endorsement is attached, forms a part of Policy No. 93-17-1366-2 issued to

SCIALLI, JOHN V K

Loan No. _____

☒ YOUR POLICY IS CHANGED AS FOLLOWS:

- 1 Insured's Name
- 2 Insured's Address
- 3 Effective Date
- 4 Expiration Date

- 5 Location
- 6 Construction
- 7 Mortgagee or Lienholder's Name
- 8 Mortgagee or Lienholder's Address

9 X Other (Specify) The Additional Insured Name

The Additional Insured Name shown in the endorsement Fe-6324 is read as follows:
THE STATE OF ARIZONA, ITS
DEPARTMENTS, AGENCIES, BOARD,
COMMISSIONS, UNIVERSITIES &
ITS OFFICERS, OFFICIALS,
AGENTS, & EMPLOYEES SHALL BE
NAMED AS ADDITIONAL INSURED
WITH RESPECT TO LIABILITY
ARISING OUT OF THE ACTIVITIES
PERFORMED BY OR ON BEHALF OF
THE CONTRACTOR

NO CHANGE IN PREMIUM:

CHANGE IN PREMIUM: ☐ INCREASE ☐ DECREASE

ENDORSEMENT PREMIUM: \$

FULL TERM PREMIUM FOR ENDORSEMENT: \$

The following Form Numbers are attached to and form a part of your policy.

The following Form Numbers are voided and no longer form a part of your policy.

*Minimum premium applies.

Agent _____

Printed in U.S.A.



P O Box 33180 Phoenix, AZ 85067-3180
(602) 808-2111 Fax (602) 468-1710
Toll Free 1 (800) 352- 0402

Certificate of Insurance

Insurance Company:

Mutual Insurance Company of Arizona
2602 East Thomas Road
Phoenix, AZ 85016

Date: 4/14/05**Producer:**

MICA Direct
2602 E Thomas Rd
Phoenix, AZ 85016

Insured:

John V Scialli , MD
4647 N 32nd St Ste 260
Phoenix, AZ 85018-3344

Coverages:

This is to certify that the Policy of Insurance listed has been issued to the insured named for the Policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The Insurance afforded by the Policy described herein is subject to all the terms, exclusions and conditions of the Policy. Limits shown may have been reduced by paid claims.

Policy Number: MD0103199**Effective Date:** 07/01/2005
12:01 a.m., Standard Time**Expiration Date:** 07/01/2006
12:01 a.m., Standard Time unless premium is not paid or Policy is cancelled.**Policy Form:** Claims Made**Limits of Medical Professional Liability Coverage:****Each Occurrence:** \$1,000,000**Annual Aggregate:** \$3,000,000**Retroactive Date:** 07/01/1984**Cancellation:**

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the Coverage afforded by the Policies listed.

By:

Registrar

Date 4/14/05

USERID:JMACIAS

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☐ Taxpayer Identification Number (TIN) **86-0533280**
☒ TIN Type ☒ Employer Identification Number (EIN) ☐ State of Arizona HRIS EIN
☐ Social Security Number (SSN)

☒ Legal Name
 Must match TIN above

JOHN V. SCIALLI, M.D.

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☒ Individual/Sole Proprietor (5I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of its political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax-reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location JOHN V SCIALLI MD

Address 4647 N 32ND ST STE 260

Address continued

City PHOENIX State ARIZONA Zip code 85018

☐ Remit to Address ☒ Same as Main

DBA/Branch/Location

Address

Address continued

City State Zip code

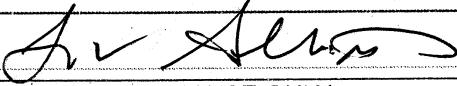
☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature  Title SOLE PROP. / OWNER Date 05-22-06

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed



**ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT SECTION**

100 North 15th Avenue, Suite #301
Phoenix, Arizona 85007
Telephone: (602) 542 2182; Facsimile: (602) 542 1800
On-line: 'azrisk.state.az.us'

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as JOHN V. SCIALLI, M.D. (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, AHCCCS/Contract # SCC060004, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, AHCCCS/Contract # SCC060004.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor:	<u>JOHN V. SCIALLI</u>		
Social Security Number:	<u>149 - 38 - 9817</u>		
Telephone Number:	<u>(602) 224-9888</u>		
Street Address / P.O.Box:	<u>4647 N. 32ND ST. STE 260</u>		
City:	<u>PHOENIX</u>	State:	<u>AZ</u>
		Zip Code:	<u>85018</u>
Signature of Sole Proprietor:	<u>[Signature]</u>	Date:	<u>05-22-2006</u>

State Agency:	<u>AHCCCS</u>	Agency #	<u>280</u>
Signature of Agency Contract Administrator:	<u>[Signature]</u>	Date:	<u>7-18-06</u>

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 North 15th Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

[Signature]
Signature of Risk Management Authorized Signer

1930206
Date